FO2286999

Table of Contents

Investigator's Log

Table of Contents

Supervisor's Report of Force Form

Investigative Summary

Transcribed Interviews:

- -Deputy Sexton
- -Deputy Ingersoll
- -Deputy
- -Deputy

Exhibits:

- A- Inmate Illness/Injury Report
- B- Digital photographs depicting Inmate Mencia's injuries
- C- Videotaped Interview of Inmate Mencia
- D- Diagram of un-cuff cell authored by Deputy Sexton
- E- Inmate Reception Center Force Package

Miscellaneous Documents

- Administrative Rights/ Force/Shooting Review Form
- Chiefs Memo
- Correspondence regarding Allegation of Force
- Suspect Consolidated Criminal History

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT

A Tradition of Service

DATE: November 4, 2011 FILE NO:

OFFICE CORRESPONDENCE

FROM:

JOSEPH S. HARTSHORNE, COMMANDER TO: JOSEPH B. NUNEZ, CAPTAIN OFFICE OF THE UNDERSHERIFF

INTERNAL AFFAIRS BUREAU

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS:

Case Number:

FO2286999

Incident:

Use of Force

Incident Date:

February 23, 2011

Unit:

Inmate Reception Center

Suspect:

Cesar Mencia MH/25

Involved Employees:

Deputy James Sexton # Deputy Deputy Taylor Ingersoll #

Deputy

EFRC Date:

October 4, 2011

On October 4, 2011, the Executive Force Review Committee consisting of Commander Joseph Hartshorne, Commander Michael Rothans, and Commander Anthony La Berge met and reviewed the above case. The applicable policies that were evaluated were: MPP 3-01/025.00, Use of Force; Unreasonable Force; and 3-01/050.10, Performance to Standards.

FINDINGS:

The Committee determined that the force used by Deputies Sexton, Ingersoll, and was reasonable, necessary, and in compliance with Department Policy. The Committee also determined that the tactics used by the deputies were sound and reasonable.

Los Angelos County Sheriff' Department Supervisor's Report on Use of Force Page 1 of 5

Incident Information URN: 9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5 Date: Time: 2/23/11 2000 City or Station: Inmate Reception Center Los Angeles YES NO 🛛 Admin. Investigation: Bureau/Station/Facility: Correctional Services Division Type of Force: Significant Force-Skeletal Fracture Deputy Injury: YES X NO YES X NO Suspect Injury Call ☐ Vehicle Pursuit Observation Detail ☐ Foot Pursuit IAB Notified: YES NO Person Notified: IAB Roll Out: YES NO Lt. Montez Emp: Involved Employee Middle Name Last Name First Name Employee # James Sexton Sex: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Race: Male Male Female Custody Investigative Services White Gang Investigator Shift: Height: Weight: Age: Regular Shift Off Duty OT Shift ⊠ PM EM Day 509 180 Coroner Case # **Directed Force** Injured X Treated Admitted Significant Force Hospital: U.S. Health Works First Name Middle Name Employee # Last Name Sex: Race: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Male Inmate Reception Center Female 0 **Booking Front** Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty Day 🛛 РМ EM Coroner Case # Directed Force Admitted Hospital: Significant Force Injured Treated First Name Middle Name Employee # Last Name Taylor Ingersoll Sex: Unit of Assignment: Work Assignment (Unit #, Module, etc.): Race: Male Male Female Inmate Reception Center **Booking Front** White Shift: Height: Weight: Age: Regular Shift OT Shift Off Duty PM EM Day 600 200 Coroner Case # Directed Force Injured Treated Admitted Significant Force Hospital: Additional Involved Employees On Duty Supervisor Witness to Incident Present Emp. # Last Name First Name Middle Name Rank YES X NO YES X NO Sgt. Peterson **James** Present Witness to Incident Rank First Name Middle Name Last Name Emp. # YES NO YES NO Watch Sergeant Middle Name Last Name First Name Emp. # **Natch Commander** Middle Name Last Name First Name Emp Saunders Gregory Lieutenant Gregory Saunders Watch Commander (Print Name) Watch Commander's Signature: Date Emp#: Sergeant Brenda Parker Supervisor Completing Form: (Print Name) Copy Provided to Employee by: Emp#: Emp #: Captain Gerald Cooper Unit Commander (Print Name) Date Unit Commander's Signature: Emp #: **DISCOVERY Use Only** Original: Discovery Unit FO# Copy: Unit Commander

Hybrid Form SH-R-438P (Rev. 11/07)

pervisor's Report on Use of orce INVOLVED EMPLOYEE - Continuation 9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5

Page 2 of 5

			Involved Employee			
E_4	Employee #	Last Name	First Nar	me	Middle Name	
	Sex: Male Female	Race: Unit of Assignr White Inma	ment: te Reception Center	Work Assignment (Unit #, M Booking		
	Shift: Day	PM Regular Shift	OT Shift Off Duty	Age: Height:	Weight:	
	Injured Treated	Admitted Hospital:		Coroner Case #	Directed Force Significant Force	
E_	Employee #	Last Name	First Nan	ne	Middle Name	
	Sex:	Race: Unit of Assignn	nent:	Work Assignment (Unit #, Mo	odule, etc.):	
	Shift: Day	PM Regular Shift	OT Shift Off Duty	Age: Height:	Weight:	
	Injured Treated	Admitted Hospital:		Coroner Case #	Directed Force Significant Force	
E	Employee #	Last Name	First Nar	me	Middle Name	
	Sex: Male Female	Race: Unit of Assignment	Work Assignment (Unit #, M	Assignment (Unit #, Module, etc.):		
	Shift: EM Day	PM Regular Shift	OT Shift Off Duty	Age: Height:	Weight:	
	☐ Injured ☐ Treated	Admitted Hospital:		Coroner Case #	Directed Force Significant Force	
E_	Employee #	Last Name	First Nar	me	Middle Name	
	Sex: Male Female	Race: Unit of Assignr	nent:	Work Assignment (Unit #, M	odule, etc.):	
	Shift: Day	☐ PM ☐ Regular Shift	OT Shift Off Duly	Age: Height:	Weight:	
4	☐ Injured ☐ Treated	Admitted Hospital:		Coroner Case #	Directed Force Significant Force	
E_	Employee #	Last Name	First Nar	me	Middle Name	
	Sex:	Race: Unit of Assignr	ment:	Work Assignment (Unit #, M	odule, etc.):	
	Shift: Day	PM Regular Shift	OT Shift Off Duty	Age: Height:	Weight:	
	☐ Injured ☐ Treated	Admitted Hospital:		Coroner Case #	Directed Force Significant Force	

Suspect information

911-00209-5120-145

Page 3 of 5

AKA Last Name	1.				Suspect Infor					
Sex. Male Female Femal		Middle Name	ar Mid	Cesa	First Name	9	Mencia	Last Name	S <u>1</u>	
Sex: Male Female H Home Phone: Age: Height: D.O.B. O7/O4/85 Meight: 180 Armed?		Middle Name	ar Mid	Cesa	First Name	illa	Manci	AKA Last Name		
Work Phone: Home Phone: 25 Height: 600 D.O.B. 07/04/85 Weight: 180 Armed? Booking # 2652415 Primary Charge Code: 69 PC Secondary Charge Code: 243(b) PC Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Mental History By Doctor: Kim Address: 2051 Marengo St., L.A., CA 90033 Phone #: (323)409-4563 Under Influence: YES NO Substance: marrijuana, cocaine, methamphetamine Mental Illness Suspect Information Middle Name AKA Last Name First Name Middle Name AKA Last Name First Name Middle Name Sex: Male Female Race: Street Address: City: State & Zip Code: Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental Illness: Under Influence: YES NO Substance: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental Illness: Under Influence: YES NO Substance: Phone #: Phone #: Phone #: Phone #: Phone #: Under Influence: YES NO Substance: Phone #: Phone #:	de:	State & Zip C	City:			Street Address:	la	Say Mala T Fama		
Booking # 2652415 Primary Charge Code: 69 PC Secondary Charge Code: 243(b) PC Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Red'd Treatment At: Los Angeles County Medical Center Coroner Case #: Mental History By Doctor: Kim Address: 2051 Marengo St., L.A., CA 90033 Phone #: (323)409-4563 Under Influence: YES NO Substance: marijuana, cocaine, methamphetamine Mental Illness Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information S_ Last Name Middle Name AKA Last Name First Name Middle Name Sex: Male Female Race: Street Address: City: State & Zip Code: Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Red'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Phone #: Under Influence: YES NO Substance: Photos of Injuries: Suspect Information							п			
Booking # 2652415 Primary Charge Code: 69 PC Secondary Charge Code: 243(b) PC Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Red'd Treatment At: Los Angeles County Medical Center Coroner Case #: Mental History By Doctor: Kim Address: 2051 Marengo St., L.A., CA 90033 Phone #: (323)409-4563 Under Influence: YES NO Substance: marijuana, cocaine, methamphetamine Mental Illness Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information S_ Last Name Middle Name AKA Last Name First Name Middle Name Sex: Male Female Race: Street Address: City: State & Zip Code: Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Red'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Phone #: Under Influence: YES NO Substance: Photos of Injuries: Suspect Information	med?	5 Weight: 180	07/04/85			9:	Home Phone	Work Phone:		
Hospital Admission? Rec'd Treatment At: Los Angeles County Medical Center	History		A 1	Secondary Charg	69 PC	arge Code:	15 Primary Cha	Booking #: 2652415	S	
By Doctor: Kim Address: 2051 Marengo St., L.A., CA 90033 Phone #: (323)409-4563 Under Influence: YES NO Substance: marijuana, cocaine, methamphetamine Mental illness Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information S_ Last Name First Name Middle Name AKA Last Name First Name Middle Name AKA Last Name First Name Middle Name Sex: Male Female Race: Street Address: City: State & Zip Code: Armed? Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental illness: Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information		Phone #:	F	Unit:		ame:	YES NO Na	EMT in attendance? YE		
Under Influence: YES NO Substance: marijuana, cocaine, methamphetamine Mental Illness Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information	History	Mental	roner Case #:	ledical Center Cor	geles County Me	ent At: Los Ange	Rec'd Treatme	Hospital Admission?		
Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information First Name Middle Name AKA Last Name First Name Middle Name AKA Last Name First Name Middle Name Sex: Male Female Race: Street Address: City: State & Zip Code: Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental illness: Suspect Information	9-4563	Phone #:(323)40	CA 90033 PI	arengo St., L.A., C	2051 Mar	Address:	Kim	By Doctor:		
Date: 02/23/11 Time: 2130 Audiotape: Videotape: Photos of Injuries: Suspect Information First Name	ness 🗌	Mental I	phetamine			Substance:r	YES NO	Under Influence: X YES		
S_ Last Name	uries: 🛛	Photos of Ir	Videotape:			Time: 2130	23/11	Date: 02/23/		
AKA Last Name				ormation	Suspect Info					
Sex: Male Female Race: Street Address: City: State & Zip Code: Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed? Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental illness: Signature Information No Substance: Photos of Injuries: Suspect Information		Middle Name	Mid		First Name			Last Name	S	
Sex:		Middle Name	Mid		First Name			AKA Last Name		
Booking #: Primary Charge Code: Secondary Charge Code: Criminal History EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental Illness: Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information	de:	State & Zip C	City:			Street Address:		Sex: Male Fema		
EMT in attendance? YES NO Name: Unit: Phone #: Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental Illness: Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information	rmed?	Weight:	D.O.B.	Height:	Age:	e:	Home Phone	Work Phone:		
Hospital Admission?	Booking #: Primary Charge Code: Secondary Charge Code: Criminal History									
By Doctor: Address: Phone #: Under Influence: YES NO Substance: Mental Illness: Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information		Phone #:		Unit:		ame:	YES NO N	EMT in attendance? YE		
Under Influence: YES NO Substance: Mental Illness: Set to Substance: Videotape: Photos of Injuries: Suspect Information	History	Menta	oroner Case #:	Co		nent At:	Rec'd Treatm	Hospital Admission?	1	
Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information		Phone #:	P	.,,		Address:		By Doctor:		
Date: Time: Audiotape: Videotape: Photos of Injuries: Suspect Information	ss:	Mental illn				Substance:	YES NO	Under Influence: YES		
Suspect Information	494	Dhata af ta	Videoteen .			1	Contract - Souther and a	D-1-		
	uries:	Photos of II	videotape:			1	100-0-0-1 H-110	Date:		
~ -		Middle Name	Mi					Last Name	S _	
AKA Last Name First Name Middle Name		Middle Name	Mi		First Name			AKA Last Name		
Sex: Male Female Race: Street Address: City: State & Zip Code:	NO Name: Unit: Phone #:	Female Race:	Sex: Male Fem							
Work Phone: Home Phone: Age: Height: D.O.B. Weight: Armed?	rmed?	Weight:	D.O.B.	Height:	Age:	ne:	Home Phon	Work Phone:		
Booking #: Primary Charge Code: Secondary Charge Code: Criminal History	History	Crimina	rge Code:	Secondary Char		harge Code:	Ý			
EMT in attendance? YES NO Name: Unit: Phone #:		Phone #:		Unit:		lame:	YES NO N	EMT in attendance? Y		
Hospital Admission? Rec'd Treatment At: Coroner Case #: Mental History	History	Menta	oroner Case #:	Co		ment At:				
By Doctor: Address: Phone #:		Phone #:	F			Address:		By Doctor:	1	
	less 🔲	Mental II				Substance:	YES NO	Under Influence: YE		
	uries:	Photos of In	Videotape:			Time:		Date:	4	

Surrvisor's Report on Use of Free EMPLO 2E / NON-EMPLOYEE INFORMATION 911-00209-5120-145

Page 4 of 5

		Employee Witnes	sses						
Last Name		First Name			Middle N	lame			
Last Name		First Name	First Name			Middle Name			
						In an i			
Last Name		rirst Name			Middle N	iame			
Last Name		First Name			Middle N	lame			
Last Name		First Name			Middle N	lame			
Last Name		First Name			Middle N	lame			
		lon-Employee Witn	lesses Middle	Nama		000	D.O.B		
	rirst Name						1		
, "		City		Zip Code	Work Pl		Home Ph.		
	First Name					Age	D.O.B		
			E						
		City		Zip Code	Work Pl	1.	Home Ph.		
	Eight Mary		Asidate	Name		Ane	D.O.		
	First Name						5.0		
		City		Zip Code	Work Ph		Home Ph.		
	First Name					Age	D.O.B.		
		01/10	B		I Marie A. E.		luana 5t		
		City		ZID Gode	VVOIK Ph		Home Ph.		
	First Name		Middle I	Name		Age	D.O.B.		
		City		7in Codo	Mort Di	,,,,,,,,,,	Home Ph.		
		Ску		Zib Code	VVOIK Ph		mone Fit.		
	First Name		Middle I	Name		Age	D.O.B.		
		City		Zip Code	Work Ph		Home Ph.		
				1		Ace	D.O.B.		
	First Name		Middle	emer		riga	D.O.B.		
	ı	City		Zip Code	Work Ph.		Home Ph.		
	First Name		Middle N	lame		Age	D.O.B.		
		City		Zip Code	Work Ph		Home Ph.		
		,		p 5000					
	First Name		Middle N	lame		Age	D.O.B.		
					4				
	Last Name Last Name	Last Name Last Name Last Name Last Name First Name	Last Name Last Name First Name Last Name Last Name First Name Last Name Last Name First Name First Name Non-Employee Witr First Name City City First Name City City City First Name City City	Last Name Last Name Last Name Last Name First Name Last Name Last Name Last Name Last Name First Name Non-Employee Witnesses First Name Middle City First Name Middle City First Name City First Name Middle City Middle City Middle City First Name Middle City Middle City Middle City Middle City City Middle City City Middle City Middle City City Middle City City Middle City Middle City Middle City Middle City City Middle City City	Last Name Last Name Last Name First Name Last Name Last Name Last Name Last Name Last Name First Name First Name Non-Employee Witnesses First Name Middle Name Bkg # City Zip Code First Name Middle Name Bkg # City Zip Code First Name First Name Middle Name Bkg # City Zip Code First Name Middle Name Bkg # City Zip Code First Name Middle Name Bkg # City Zip Code First Name Middle Name Bkg # City Zip Code First Name Middle Name City Zip Code	Last Name Last Name Last Name Last Name First Name Middle Name First Name Middle Name Bkg # City Lip Code First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name Bkg # City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name Middle Name City Zip Code Work Ph First Name	Last Name Last Name Last Name First Name First Name Last Name Last Name Last Name Last Name Last Name First Name First Name Non-Employee Witnesses First Name Middle Name Middle Name Middle Name Age Bkg # 32 City Zip Code Work Ph. First Name Middle Name Age Bkg # 32 City Zip Code Work Ph. First Name Middle Name Age Bkg # 34 City Zip Code Work Ph. First Name Middle Name Age Bkg # 34 City Zip Code Work Ph. First Name Middle Name Age Bkg # 34 City Zip Code Work Ph. First Name Middle Name Age Bkg # 34 City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph. First Name Middle Name Age City Zip Code Work Ph.		

Servisor's Report on Use of Fince 9 1 1 - 0 0 2 0 9 - 5 1 2 0 - 1 4 5 Page 5 of 5

Method

(AW)	Arwen	(FH)	Firearm (Handgun)	(PO)	Personal Weapon (Other)
(BC)	Baton: (Control)	(FR)	Firearm (Rifle)	(RS)	Resistance
(BI)	Baton: (Impact)	(FS)	Firearm (Shotgun)	(CN)	Restraint Device (Capture Net)
(BF)	Bodily Fluids	(FO)	Firearm (Other)	(RH)	Restraint Device (Handcuffs)
(CN)	Canine	(FB)	Flashbang	(HB)	Restraint Device: Hobble (Legs Only)
(CR)	Carotid Restraint	(FL)	Flashlight	(TP)	Restraint Device: Hobble (TARP)
(CH)	Choke Hold	(OE)	Other Weapon: Edged	(RE)	Restraint Device: REACT Belt
(CT)	Control Holds: (Control Techniques)	(OV)	Other Weapon: Vehicle	(SP)	Sap
(TT)	Control Holds: (Team Takedown)	(OB)	Other Weapon: Blunt Object	(SH)	Shield
(TD)	Control Holds: (Takedown)	(00)	Other Weapon: Other	(SG)	37mm Stinger
(CE)	Chemical	(PK)	Personal Weapon: Feet/Leg: (Kick)	(SB)	Sting Ball
(OC)	Chemical Agents (OC Spray)	(PS)	Personal Weapon: Feet/Leg: (Sweep)	(ST)	Stun Bag
(TG)	Chemical Agents (Tear Gas)	(PH)	Personal Weapon (Hand/Arm)	(TR)	Taser
(EX)	Explosives	(PP)	Personal Weapon (Push)	(UC)	Uncooperative

Туре	of Injury					Bod	y Part Inju	red			
(AB) (BR) (BU) (CP) (CO) (DH) (DI)	Abrasion Bruise Burn Complaint of Pain Concussion Death Dislocation	(FR) (GS) (HB) (LC) (ND)	Dog Bite Fractures Gunshot Human Bite Lacerations Nerve Damage Organ Damage	(SD) (ST) (UN) (RM)	A STORY THE RESIDENCE OF THE PROPERTY OF THE P	(AD) (AK) (AR) (BK) (BT) (CH) (EL)	Abdomen Ankle Arm Back Buttocks Chest Elbow	(FE) (FI) (GE) (GR) (HD)	Face Feet Fingers Genitals Groin Hands Head	(H) (IX) (KX) (LE) (NK) (NH) (SH) (VR)	Hip Internal Knees Leg Neck Nose Shoulde Wrist

FORCE USED BY		FORCE USED AGAIN	ST	Method	Type of Injury	Body Part	
Name	E# or S#	Name	E# or S#	(Code)	(Code)	(Code)	
I/M Mencia	S#1	Deputy Sexton	E#1	RS,UC	NN		
Deputy Sexton	E#1	I/M Mencia	S#1	CT	NN		
I/M Mencia	S#1	Deputy Sexton	E#1	PH	BR	SH	
Deputy Sexton	E#1	I/M Mencia	S#1	PH	BR	FA	
I/M Mencia	S#1	Deputy Sexton	E#1	CT	NN	ФП	
Deputy Sexton	E#1	I/M Mencia	S#1	PO	BR	FA	
Deputy Sexton	E#1	I/M Mencia	S#1	PP	NN		
Deputy	E#2	I/M Mencia	S#1	CT	NN		
Deputy Ingersoll	E#3	I/M Mencia	S#1	CT	NN	***	
I/M Mencia	S#1	Deputy Sexton, Deputy Deputy Ingersoft	E#1, E#2, E#3	PO	NN		
Deputy Sexton	E#1	I/M Mencia	S#1	FL	BR	SH	
I/M Mencia	S#1	Deputy Deputy Ingersoll	E#2,E#3	PO	NN		
Deputy Sexton	E#1	I/M Mencia	S#1	PH	AB,BR	FA,HE	
Deputy Ingersoll	E#3	I/M Mencia	S#1	PH	BR	BK,CH	
Deputy	E#4	I/M Mencia	S#1	OC	NN		
Deputies Ingersoll	E#2,E#3	I/M Mencia	S#1	CT,RH	NN		
I/M Mencia	S#1	Deputy Sexton	E#1	PK	NN		
Deputy Sexton	E#1	I/M Mencia	S#1	HB	NN		
						1	